

MAR. 10. 2006 4:21PM MOFO 28TH FL

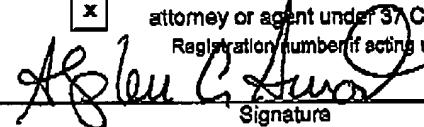
RECEIVED
CENTRAL FAX CENTER NO. 362 P. 21

MAR 10 2006

PTO/SB/22 (12-04)

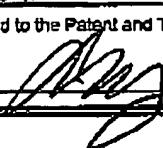
Approved for use through 7/31/2008, OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4819).)		Docket Number (Optional) 188122000400
Application Number	10/735,123	Filed December 12, 2003
For ROBUST CALCULATION OF CROSSTALK DELAY CHANGE IN INTEGRATED CIRCUIT DESIGN		
Art Unit 2825	Examiner	T.To
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
	Fee	Small Entity Fee
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-1952 I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.		
I am the <input type="checkbox"/> applicant/inventor.		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		
<input type="checkbox"/> attorney or agent of record. Registration Number _____		
<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 31,506		
 Signature _____ Date March 10, 2006		
Stephen C. Durant Telephone Number (415) 268-6982 Typed or printed name _____ Telephone Number _____		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required; see below.		
<input checked="" type="checkbox"/> Total of 1 forms are submitted.		

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.

Dated: March 10, 2006

Signature: 

(Leah Kjellen)

sf-2094605

PAGE 21/21 * RCVD AT 3/10/2006 7:15:04 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-6/44 * DNIS:2738300 * CSID:415 2687522 * DURATION (mm:ss):05:12

03/13/2006 SSESHE1 00000003 031952 10735123

01 FC:1253 1020.00 DA